

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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D	D																										
Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>FP1 Strategies, LLC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		02			D	D		07			Y	Y	Y	Y	Y	Y						2020
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Mailing Address 3001 Washington Blvd 7th Floor			Amount <table border="1" style="width:100%"> <tr><td>800.00</td></tr> </table>			800.00																							
800.00																													
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16056																										
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>01</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>13</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		01			D	D		13			Y	Y	Y	Y	Y	Y						2020
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Name of Federal Candidate TRUMP, DONALD J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>1600.00</td></tr> </table>	1600.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____																									
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Mailing Address 3001 Washington Blvd 7th Floor			Amount <table border="1" style="width:100%"> <tr><td>800.00</td></tr> </table>			800.00																							
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City Arlington	State VA	Zip Code 22201	Transaction ID : SE.16058																										
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>01</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>13</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		01			D	D		13			Y	Y	Y	Y	Y	Y						2020
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Y	Y	Y	Y	Y	Y																								
					2020																								
Name of Federal Candidate BUTTIGIEG, PETE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>800.00</td></tr> </table>	800.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____																									
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>1600.00</td></tr> </table>	1600.00
1600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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07		

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Y	Y	Y	Y	Y	Y
					2020

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>
Mailing Address 3001 Washington Blvd 7th Floor		Amount <b>800.00</b>
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : <b>SE.16060</b> Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 13 / 2020</b>
Name of Federal Candidate SANDERS, BERNARD, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>
Mailing Address 3001 Washington Blvd 7th Floor		Amount <b>800.00</b>
City Arlington	State VA	Zip Code 22201
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Transaction ID : <b>SE.16065</b> Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 13 / 2020</b>
Name of Federal Candidate WARREN, ELIZABETH, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1600.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount 800.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.16067</b>
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 13 / 2020</b>	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount 1830.42	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.16069</b>
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 05 / 2020</b>	
Name of Federal Candidate TRUMP, DONALD J., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	2630.42
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <b>1830.42</b>	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.16071</b>
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 05 / 2020</b>	
Name of Federal Candidate BUTTIGIEG, PETE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <b>1830.42</b>	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.16073</b>
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 05 / 2020</b>	
Name of Federal Candidate SANDERS, BERNARD, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3660.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <b>1830.42</b>	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.16076</b>
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 05 / 2020</b>	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 07 / 2020</b>	
Mailing Address 3001 Washington Blvd 7th Floor		Amount <b>1830.42</b>	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.16077</b>
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 05 / 2020</b>	
Name of Federal Candidate WARREN, ELIZABETH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3660.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>13152.10</b>

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